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ABSTRACT

In July and August of 1999 Katharine Collie conducted an interview with Dan Mitchell and Lawrence Murphy on the topic of on-line counseling skills. The interview was done by e-mail so that Mitchell and Murphy could simultaneously demonstrate skills that they use in their e-mail counseling practice. This article contains a brief introduction that outlines the context for the interview, introduces the people involved in the interview, and highlights the key concepts that underline the discussion. Those concepts include: using narrative and solution-focused therapy within on-line counseling; dealing with the lack of nonverbal cues; using emotional bracketing; providing descriptive immediacy, a concept that deepens the connection between counselor and client; and utilizing metaphorical language for meaning enhancement. A reproduction of the interview is provided. (Contains 11 references.) (MKA)

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Skills for On-Line Counseling: Maximum Impact at Minimum Bandwidth

KATHARINE R. COLLIE, DAN MITCHELL, AND LAWRENCE MURPHY

In July and August of 1999, Katharine Collie (KC) conducted an interview with Dan Mitchell (DM) and Lawrence Murphy (LM) on the topic of on-line counseling skills. The interview was done by e-mail so DM and LM could simultaneously describe and demonstrate skills they use in their e-mail counseling practice. The interview is reproduced here after a brief introduction in which the context for the interview is outlined, the people involved are introduced, and the key concepts that underlie the discussion are highlighted.

CONTEXT AND CONCEPTS

In on-line counseling, computers and the Internet are used to make it possible for counseling to occur without the counselor and client(s) being in the same physical place at the same time. On-line counseling falls into the general category of *telehealth*, that is, the use of telecommunications technologies to make health care available to anyone who, whether by choice or necessity, receives care without the physical presence of a caregiver.

The three authors of this chapter have been involved in the development of two forms of on-line counseling. Thus the comments in the interview are based on direct experience. DM and LM began an e-mail counseling and therapy practice in 1995 (Murphy & Mitchell, 1998) and are among the few people who have both prac-

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ticed on-line counseling and published on the subject. Their approach is called therap-e-mail and embraces narrative (White & Epston, 1990) and solution-focused (de Shazer, 1994) perspectives on counseling. They also have been instrumental in developing ethical guidelines for on-line counseling (Bloom, 1998). KC has been involved in the collaborative development of computer-supported distance art therapy (Collie & Cubranic, 1999; Cubranic, Collie, & Booth, 1998), an art-based form of on-line counseling that uses synchronous speech communication and shareable hand-drawn computer art.

Both therap-e-mail and computer-supported distance art therapy are low bandwidth forms of on-line counseling. *Bandwidth* refers to the amount of electronic information that can be transmitted at once between networked computers. It is a measure not only of the maximum speed of transmissions but of the expense of using the system. When computers and the Internet are used to expand access to health care by making a service available to people in their own homes, it is advantageous to keep the bandwidth requirements low enough that the service can be used by people with standard home computers and dial-in access to the Internet. The lower the bandwidth requirements, the more people will be able to use the service.

There is some evidence that bandwidth limitations do not need to have a detrimental effect on the quality of communication. For example, in a study of pairs of people who used either videoconferencing systems or text-based chatlines with shareable drawing spaces to do collaborative architectural design, Vera, Kvan, West, and Lai (1998) found that the participants "implicitly compensated for the narrower bandwidth" (p. 503) so that there was no difference in the quality of the results achieved by the two groups. The low-bandwidth group compensated not by altering their design strategy but by focusing their attention on the crucial aspects of their tasks.

In counseling situations, there may be advantages associated with not being able to see the other person. Colón (1996) suggested that in on-line therapy there may be fewer emotional distractions. In a discussion of telephone communication, Rutter (1987) proposed that a lack of face-to-face contact may favor psy-

chological proximity when the purpose of the encounter is to be personal, as is the case with counseling.

When discussing health care services that involve computers and the Internet, it is easy to let the technology be the main focus of the discussion, and to compare types of equipment rather than types of human interaction. However, the human aspects of computer-mediated communication may be as significant or more significant than the technological aspects. One of the most striking results of an initial evaluation of computer-supported distance art therapy (Collie, 1998) was that the particulars of the computer system seemed less important than guidelines and procedures for using the system. This suggests that success as an on-line counselor might depend on acquiring specific on-line communication skills.

DM and LM have developed a set of on-line counseling skills through their work as on-line counseling practitioners and researchers. These skills were developed for text-only on-line counseling; however, they address issues that pertain to many types of distance therapeutic communication. The e-mail interview that follows contains a discussion of these skills.

THE INTERVIEW

KC: Hello, Dan and Lawrence. It is a pleasure to have this opportunity to interview the two of you. Before we begin our discussion of on-line counseling skills, I wonder if one of you could briefly describe how your e-mail counseling practice works.

DM: Hi Kate. I'm very excited about this opportunity and want to thank you for the work you're putting into this chapter. Let me first prepare myself (explicitly, so you know how I do it) the way I do when replying to my clients. Before I type even my first keystroke, I have only one thing on my mind: express warmth and personal caring. If I were permitted only to say one thing in this interview, it would be that: express warmth and personal caring. To this end, even as I write at this moment, I have pulled up a chair for you and a chair for Lawrence, and placed them beside me. In a similar fashion, I would like to invite our readers to imagine the three of us sitting in chairs in front of them as if they were watching the

interview. They may even choose to place three chairs in front of them. Kate, I'm imagining your warm smile and I feel a sense of anticipation about the insightful questions I know you're about to ask. So I'll begin by answering your first question.

New clients contact us through our web site http://www.therapyonline.ca, using an automated form that we receive by e-mail. The form asks for appropriate consents and demographic information. Once we receive a completed form, we send clients the Virtually Solve It™ (VSI) worksheet via e-mail. The VSI is comprised of a series of questions intended to help clients begin to externalize their problem(s) and to orient themselves for change. Clients fill out the VSI off-line at their convenience. When they have completed some or all of the worksheet, they e-mail it to us, and the process of exchanging therap-e-mail begins. To each e-mail sent by clients, we reply with therap-e-mail as soon as possible. Clients send us e-mails whenever it suits them. They usually only communicate with us via e-mail, but they can also ask for clarification via toll-free telephone.

KC: Dan, I am amazed. You certainly conveyed warmth and caring in your first paragraph – and your words changed my state of being. You "warmed me up." I mean, I was feeling very matter-of-fact and rational when I wrote the first question. I feel a closer rapport with you now, and I feel more inclined to speak from my heart.

Let me move on to my next question. Lawrence and Dan, you say in your article, "When Writing Helps to Heal: E-mail as Therapy," which appeared in the *British Journal of Counselling and Guidance* (Murphy & Mitchell, 1998), that your approach to on-line counseling is based on narrative therapy and solution-focused therapy. Can you describe briefly what the therapeutic goals might be within these perspectives?

LM: Hi Kate. I want to echo Dan's sentiments. It's a pleasure to be involved with you on this project, and after reading Dan's work on the first question I'm sitting here smiling with anticipation myself. The set of questions you've prepared is very

engaging. Thank you so much for all the work you've done (and will have to do after we're done responding!).

To be brief, in the narrative approach what we are involved in is reauthoring the stories clients tell themselves about themselves. The idea, somewhat simplified, is that we all tell ourselves a story about ourselves that allows us to make sense of the world. This story is learned over time and is co-constructed by us, our families, our culture, and society. Race and gender and sexual orientation, intelligence and talent and family traditions all play a part in our story. As a therapist working in this tradition, I am interested in unpacking the influences of this story and helping clients to rework their story so that it is conducive to their mental health and to their continued healthy development.

In the solution-focused approach, again somewhat simplified, I am interested in learning what the client is doing that already works and helping him or her to do more of that. There are always things that clients are doing that reduce the power of the problem in their lives, or that give them brief glimpses of the experience they want to have all of the time (or at least more often). My goal then is to uncover these thoughts, feelings, actions, places, people, and what have you, and help clients orient themselves toward these aspects of their lives.

When we combine the two, we conceive of the existing solutions—the things that the client is already doing that are working—as an underlying story of ability and success that is covered over by the dominant problem-saturated story. In some sense, the solution-focused approach is the means to the end of helping clients reauthor their story.

KC: Thanks, Lawrence, for reducing complex concepts into a clear synopsis. I am struck by your use of the word *reauthoring*. In therap-e-mail, clients do the reauthoring by writing rather than by talking, and they produce a reauthored story they can keep and read later. I could guess that the writing process helps make the change process real and believable for the client.

LM: When clients tell me in a face-to-face interview of a success that they've had, it is very easy for them to retract their responsibility for that success the next week. This is not impossible when the evidence is in print, but it's that much more difficult. Further, once the evidence is in writing, the client can refer back to it, should the problem ever rear its ugly head again. One of our goals is to begin collecting such solution stories so that people who have been able to overcome adversity can share their successes with others. We believe that an on-line interactive network of such stories could be beneficial to clients and therapists alike in helping people to reauthor their lives.

KC: One of the issues that gets discussed in reference to on-line counseling is the lack of nonverbal cues. In a text-only form of counseling like e-mail counseling, there are even fewer nonverbal cues than there are in telephone counseling, where you hear a lot in the person's tone of voice, the silences, the speed of the speech, or if you are communicating with letters, where you can see the handwriting. The lack of nonverbal information is often assumed to be a serious drawback to on-line counseling (e.g., Colón, 1996). In your article, you agree that the lack of nonverbal cues presents a challenge. However, you claim that by using techniques that contextualize and enhance the meaning of therap-e-mail, it is possible to produce a therapeutic experience that rivals face-to-face interviews.

You have developed very specific on-line counseling skills for this. Three you mention in your article are emotional bracketing, descriptive immediacy, and the use of similes, metaphors, and stories. I am going to ask you to explain each of these and give examples of how you might use them, but first can you explain why contextualization and meaning enhancement are important in on-line counseling?

DM: Sure. It's like the difference between reading the newspaper and reading a novel that makes you cry. The former, while providing information, does nothing to attempt to personalize or make the stories relevant to your particular context. The novelist helps you become emotionally involved by

bringing you into the presence of the characters, showing you the personal meaning and impact of events on the characters. Likewise, in therap-e-mail, intensification of what is relevant to the client's context and to the therapeutic relationship both personalizes and enhances the meaning of the interaction.

KC: Now for some specifics: What is *emotional bracketing*?

LM: I'll explain emotional bracketing and demonstrate it at the same time [feeling pleased that I thought of this]. This technique is used throughout therap-e-mails. When we thought about our face-to-face therapy experiences, it seemed obvious to us that the nonverbal element is [feeling unsure of the wording I want] in the background of our conscious awareness. It takes effort, and indeed training, to be aware of these elements. Once aware, we discover that the nonverbal dimension often communicates emotional material. Sometimes this is congruent with the person's words, sometimes not [now feeling very on track]. In therap-e-mail, we discovered that we could compensate for the lack of nonverbals by bracketing the emotional content behind the words. We place, and invite our clients to place, important emotional content (particularly emotional information that we couldn't otherwise glean from the text) in square brackets. Here is an example of what a client might write:

> I have reread your last therap-e-mail several times [feeling stupid again] and although I appreciate your words [can't believe you have such faith in me] I don't think I'm ever going to have a worthwhile relationship [very very sad]. Richard called again to say I'm an idiot [angry with myself]. He's so mean [actually I think I'm more angry with him]. But, hmm, now that I think about what you said again, I am actually feeling angry with him [Weird. I feel pretty good just now].

This accomplishes at least three things. First, it gives the therapist and the client more information about each other, in a way that is relatively simple to learn. Second, it encourages the client to be more deeply aware of his or her emo-

tional content and thus more self-aware. Third, it creates a context in which clients are able to begin to externalize part of their conversation with themselves (and us). Many therapeutic traditions, from gestalt to narrative, use some form of externalizing to encourage change.

KC: And *descriptive immediacy*: What is it, and how and why would you use it?

LM: Descriptive immediacy is a technique that we use to deepen the connection between client and therapist. We also encourage clients to use it when they feel that it will give us important information. Here is an example of what a therapist might write:

> I have just finished reading your last therap-e-mail, Angie, and my smile is a mile wide. As I think about your successes over guilt, I find myself nodding my head and saying the words "you did it, you did it" smiling all the while. If you were here with me now you would see me shrugging my shoulders with my hands in the air, as if to say "well . . . looks like guilt's power is all burned out." Congratulations Angie.

We use descriptive immediacy in several situations. First, we use it to highlight a moment of intense emotion, any situation in which a simple verbal response is not enough. This may be about a success, as in the example above, or it may be in response to a very painful disclosure. Second, we use it in situations where we might use immediacy face-to-face. An example would be a situation in which the client's words seem incongruent, or contradict a previous therap-e-mail. We would use descriptive immediacy to first deepen the intimacy between us before venturing to—even mildly—confront. However, the technique can be used any time the therapist feels that it would be helpful to deepen the bond with a client.

DM: I often use descriptive immediacy in greetings and closings. For example, when I receive the first e-mail from a client, I may reply with the following:

> Hello John,
>
> In my mind's eye, I'm stretching out my hand to you right now with a welcoming smile on my face saying, "I am very pleased to meet you." If I could, I'd offer you a nice cup of tea as well. . .

In a closing I might say:

> Laughing with you as you see through the empty threats of anxiety, Dan

Descriptive immediacy is one of a broader category of skills that Lawrence and I have called *presence techniques*. With therap-e-mail, we are not simply conveying thoughts, or even feelings via text. More than that, we strive to establish and maintain a therapeutic relationship in which we maintain a subtext of genuine warmth and caring for the client. We use presence techniques to bring clients into our presence, as I am doing by having the two empty chairs beside me. We also use presence techniques to make more vivid for our clients the experience of being present with us. The latter is the case with descriptive immediacy.

A subtle, but crucial thing happens when I use presence techniques: I find myself using language that implies that my client and I are face-to-face. When I receive e-mail from other counselors whom I have never met, I almost always begin my reply with, "It's a pleasure to meet you." I said something similar in my example of a greeting to a client a moment ago. Oh, I just did it again! [surprised at myself] "A moment ago" is not usually a phrase used in text. One normally writes, "In the example above . . . ," but "above" is not my own or my client's experience. "A moment ago" draws attention to the experience we just shared rather than to the text itself.

LM: One thing that I want to point out here is that we use presence techniques *and* teach them to our clients. Thus, clients are encouraged to be more aware of themselves, their experience, their behaviour, and their environment. Some therapists do not attempt such teachings in therapy because they

prefer that the client be unaware of what his or her nonverbals are communicating. Others don't have the time. We have the luxury of unlimited time on the client's part because the time they take to compose their therap-e-mail is (apart from length) unrelated to the time we spend reading and responding. And we believe that the more tools we can give our clients, the better.

KC: In your article, you mention *the use of metaphorical language for meaning enhancement*. How does that work?

LM: Most fiction uses some form of metaphor or simile to communicate and deepen meaning. We believe that accessing the part of the brain that processes metaphorically allows us to access a deeper, nonverbal (perhaps preverbal) level of consciousness. In our face-to-face work we often invite clients to bring in symbols of their problems, or desired solution states, in order to access this part of themselves. In text, we can invite clients to describe their problems or desired states in metaphor. "The guilt is like a weight. It's like liquid concrete in a sack. It moves wherever I move, never lets me get out from under it." We have found that when clients share with us in this manner, it deepens the connection between us (this is also true in face-to-face therapy). It also helps clients to get a better idea of what they want and what they don't want, and why.

Such language can also be quite simple. "My heart feels like a weight inside my body as I write to you John. I am so sorry that your mother died." Or "Reading how happy you feel now that you're out of that damaging relationship, Carol, it was like my monitor itself was going to start laughing." Because a text-based interaction lacks some of the richness of a face-to-face interaction, therapists need to add richness to their writing. One doesn't need to be a Pulitzer caliber writer, but one has to enjoy writing, and be willing to become creative . . .

KC: . . . which will encourage clients to be creative in their writing and perhaps also in their lives.

Have you developed any other techniques since you wrote the *British Journal of Guidance and Counselling* article?

DM: Yes, we have! This is the part I find most exciting. Perhaps I can first focus on the appearance of the e-mail itself. Some clients write using 8-point fonts. Others use coloured text with special backgrounds. Still others use the defaults that come with their software. This creates for me something of a first impression—similar to the moment of having a client enter my physical office. From the appearance of the e-mail, I begin to form hypotheses about clients' stories.

Looking more closely at the text itself, I may notice that the client has used the lower case "i" to refer to himself. Could this client be a little bit shy? Possibly. Or I may notice that some words have been misspelled. Does that mean the client was in too much of a rush to check, or does it speak to the client's literacy level? A moment ago, I spelled the word *coloured* using Canadian spelling. If a client had done so, I would wonder whether he or she has British or Canadian origins.

Sometimes clients use ALL CAPS to emphasize a point or even to convey emotion that can be interpreted based on the context. For example, a client may write, "I took your advice and told my mother. I can't believe I ACTUALLY DID IT!" Clearly the client is showing excitement and pride in his or her accomplishment.

Naturally, I can use any of these observations therapeutically as well! For instance, perhaps it is important for me to take a one-down position with a client so that a certain intervention will be effective. i may choose to do so by using lower case "i" and by reducing the size of my font. Or I can use a dash—or a series of dots to denote a pause in my thought process . . . and thus intensify the point I'm making.

And of course I can use pseudo-words such as *hmmmm* or intentional misspellings such as *oooooohhh boy*. Were you able to hear that long *oooooohhh* in your head?

Hmmm. Stretching the length of words . . . Isn't that nonverbal communication? [Can you tell I'm feeling a little smug right now?]

Did I just notice a smile creeping over your face, Kate? . . . or was that my imagination?

Here I'm using spacing, presence techniques, and sequence to anticipate, and to some extent, even create your reactions.

Perhaps I should slow down and explain what I'm talking about. I used spacing to control the timing of delivery. Large spaces create an extended pause. In this case, where I was trying to bring in some levity, I used extra space to create a sense of delayed timing.

What did I mean by *sequence*? The nature of e-mail is that it is read sequentially. While reading, clients certainly cannot interrupt me as they can in a face-to-face situation. This allows me to develop a mood, or to set the stage for making a certain point, or to control the level of intensity.

Although e-mail is read sequentially, I suspect that it is rarely written completely sequentially. I can use the backspace key; I can cut, paste, reword; and so on. In fact, I'm doing that now. This allows me and, as our anecdotal evidence suggests (Mitchell & Murphy, 1998), clients to clarify thoughts and feelings more deeply. With e-mail, unlike any other form of communication, I can decide whether and where to interject my reply or comments. If I wanted to, I could reply to clients with a new, blank e-mail. Or I could place my entire reply at the beginning or at the end of clients messages. I rarely choose to do any of those. I find it much more personal to interject my comments and reactions where they best fit in the sequential context. The resulting document looks more like a transcript of a conversation, which, in fact, it is.

I'm sure that some of our readers will be wondering about the use of *emoticons*. Emoticons are strung-together keyboard symbols that, when turned 90 degrees clockwise, look like facial expressions. Here are some examples:

- :-)happy, pleased
- ;-)just kidding, a joke, (called a *winkie*)
- :-(sad, sympathetic, compassionate

I use these occasionally, especially when I want an informal tone. I find the winkie particularly useful for marking an

attempt I've made to be humorous or to introduce some levity. I've found that humour sometimes doesn't come through very well in text. So I need to use special care to ensure that I convey the message I intend. Being explicit about the tone of voice I'm using and a winkie can help. Especially if it wasn't funny ;-).

The final technique that I want to talk about is *text-based externalization*. This is similar to the two-chair technique, using text instead of chairs. For example, if a client is deliberating about whether to leave her husband, I might invite her to explore each side of the internal struggle she is having. My invitation might go something like this:

> Janet, I know the battle that's going on inside you. It's like you're having this argument with yourself that never is resolved. One part of you says, "I can't take this! I have to leave." The other part of you loves him and can't bear to hurt him.
>
> I have an idea that may sound a bit weird at first but I know it can be helpful. Other clients have tried it, and I use it myself sometimes when I have an argument going on inside myself. It helps me "hear out" each side of the argument without having the other side interrupt.
>
> What I do is I name the two sides. Perhaps in your case it would be, "I'm leaving" and "I love him." (Name them with names you find fitting.) Then start writing purely from one side until you feel you've said your piece. Then switch your attention to the other side and write purely from that perspective. The conversation might go something like this:
>
> - *I'm leaving*: I can't stand the way he totally ignores what's going on around him . . . etc., etc.
> - *I love him*: Yeah, but he and I can be such good friends at times. He's so much fun . . . etc., etc.
>
> Let me know if this makes sense. It's a little difficult to explain, so I'd like you to ask me for clarification if you need to.

Text-based externalization also can be used to externalize problems and to give them a voice. Does all of that make sense?

KC: Yes, it does. And I see now that compensating for the lack of nonverbal cues is only part of what you address with the on-line counseling skills you have developed. You also have ways of compensating for the lack of shared physical presence.

I have noticed when reading about on-line counseling that physical presence and nonverbal cues often get lumped together as one thing. Maybe they shouldn't be: In the case of a blind person, there can be physical presence without visual cues and in the case of video conferencing there can be visual cues without shared physical presence. In the study of computer-supported distance art therapy I conducted with Davor Cubranic (Collie, 1998), lack of shared physical presence emerged as one of two very serious problems (along with the risk of technical failure), but not being able to see the other person was seen as a problem with many possible solutions and in some cases as a distinct advantage.

Are there other concerns that come into play with therape-mail that require special on-line skills?

LM: In circumstances in which a client's writing is different from my own, I can do what I would do in a face-to-face interaction. I can, respectfully and without parroting, adapt my style so that it reflects the client's. One takes the concepts concerning joining that one learns when one is first starting to do therapy, and one adapts them to a text-based medium. So my sentences can be longer or shorter, my vocabulary more or less complex, my metaphors computer based or religiously based, all depending upon the client's writing. I respond to the client's writing patterns in much the same way that I respond to a client's speech patterns.

I'll just note one other thing here that can be very troubling—and you note it above—which is technical glitches. E-mails do still get lost. Sometimes they get truncated. Systems fail, programs get infected, and ISPs have server trou-

bles. It is extremely important, at the outset, to inform clients of such possibilities, and to have in place plans in case things go wrong. For example, there should be a window of time during which clients can expect a response. If they don't receive one, they are to write and tell us so. Thus a lost e-mail does not become a huge misunderstanding.

KC: When I was planning this interview and imagining how it might go, I didn't expect that you would have so many different skills and techniques to discuss! You have shown that there can be a large nonverbal dimension to text-only communication and that there are many ways not only to compensate for not being in the same room, but also to take advantage of opportunities that are available with on-line text communication.

Would you say that the skills you have developed for on-line counseling have helped you in your work as face-to-face counselors?

LM: This is a great question. The answer is a very powerful yes. The very first thing I notice in doing therapy on-line is how critical it is to suspend judgments and assumptions about people. Because I can't see them, I need to ask quite a few questions about my clients in order to know who they are. When I then go to my office to do face-to-face therapy, I am sensitized to this. And what do you know? A client walks in who looks and talks and acts like me. His skin's the same colour, he's about the same age, and he wears a wedding ring. And I discover that there's a part of my brain that just assumes that I know who he is. Not entirely of course, but I discover that I'm less inclined to ask him the kinds of questions that I'd ask of someone different from myself. And yet when I do ask those questions of him, the answers often surprise me. I have come to believe that we make far too many assumptions about our clients when—or perhaps because—we see them face-to-face.

Another thing that is critical in therap-e-mail is attention to the impact I'm going to make before I make it. As a result, I am now much more aware in face-to-face work of having a part of myself devoted to planning ahead how to phrase

things. I have also found that I am more inclined to pause to reflect or to take time out from the conversation in order to collect my thoughts. This is something that I find very useful when I'm writing (I'm doing it now as I write this response), and I have found it equally useful in conversation.

As a result of our use of presence techniques in therap-e-mail, I have found myself sharing my inner thoughts and feelings with face-to-face clients more often, and to great effect. I believe that there is still a sense in the counseling world that we, as therapists, don't want to be too much ourselves for fear of contaminating the process (or dare I say it, of losing some power within the relationship). I am finding that the more I am genuinely myself, the better the process is for the client.

I also find myself doing more teaching within therapy; unpacking useful therapeutic techniques for clients so that they can use them themselves without my help. I find I do more explaining of what I'm doing and why, and of how we're going to get from where we are now to where the client wants to be. In the past, I suppose I assumed that the client would simply learn how to better tackle problems by watching me and mimicking me; learning by osmosis. But because there is more explaining that I feel needs to be done in a therap-e-mail, and because that has had such a positive impact, I have found myself doing it face-to-face.

KC: Lawrence, your answer underscores the notion that on-line counseling can be much more than a substitute for face-to-face counseling. I noticed on your therap-e-mail web site that you list many advantages of conducting counseling or therapy by e-mail. Convenience, privacy, schedule flexibility, the possibility of communicating thoughts and feelings right away rather than waiting until the weekly appointment, and the potential for leveling power imbalances are some of the advantages you describe. I wish we had space here to discuss your ideas about the therapeutic benefits of writing, but we have just about arrived at our page limit.

I have one more question. What advice would you give to someone who wants to begin acquiring on-line counseling skills?

LM: First, communicate with someone who has done it and who has experienced some measure of success. Second, it is absolutely essential that you put the client's well-being and thus the ethics of what you are doing before everything else. Third, make sure that you know the technology. You need to be as familiar with the computer as you are with empathy. And finally, be prepared for a period of transition. It is unlikely that you will be able to do the same kind of therapy that you have been doing face-to-face. In some instances, your whole perception of the process of change will be shaken. This approach is not for everyone, whether client or therapist. Doing therapy on-line requires a great deal of humility and a willingness to adapt and to be a student once again. Be prepared.

KC: This brings us to the end of our e-mail conversation. Dan and Lawrence, thank you for your thoughtful and informative answers. It has been a pleasure collaborating with you on this project, and I look forward to discussing readers' responses with you.

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